PTO/SB/05 (03-019)
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# **UTILITY PATENT APPLICATION TRANSMITTAL**

Attorney Docket No.		P-10598.00	7.00		
First Inventor		Jahns et al	-010		
Title	Electrosurgical Hemostat				
	•				

(Only for new popprovisional applications under 37 CFR 1.53(b)) | Express Mail Label No | EU482185698US

APPLICATION ELEMENTS  ADDRESS TO: Assistant Commissioner for Patents						
	ADDRESS TO: Box Patent Application					
See MPEP chapter 600 concerning utility patent application contents.  Washington, DC 20231						
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)					
2. Applicant claims small entity status. See 37 CFR 1.27.	Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all necessary)					
3. Specification [Total Pages 23 ]	a. Computer Readable Form (CRF)					
- Descriptive title of the invention	b. Specification Sequence Listing on:					
<ul> <li>Cross Reference to Related Applications</li> <li>Statement Regarding Fed sponsored R &amp; D</li> </ul>	i. CD-ROM or CD-R (2 copies); or					
- Reference to sequence listing, a table,	i i. 🔲 paper					
or a computer program listing appendix - Background of the Invention	c. Statements verifying identity of above copies					
- Brief Summary of the Invention	ACCOMPANYING APPLICATION PARTS					
<ul> <li>Brief Description of the Drawings (if filed)</li> <li>Detailed Description</li> </ul>	Assignment Papers (cover sheet & document(s))					
- Claim(s)	37 CFR 3 73(b) Statement Power of					
- Abstract of the Disclosure	10. (when there is an assignee) Attorney					
4. Drawing(s) (35 U.S.C. 113) [ Total Sheets 12 ]	11 English Translation Document (if applicable)					
5. Oath or Declaration [ Total Pages ]	12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations					
a. Newly executed (original or copy) 13. Preliminary Amendment						
b. Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)  15. Certified Copy of Priority Document(s (if foreign priority is claimed)						
named in the prior application, see 37 CFR	16. Nonpublication Request under 35 U.S.C. 122					
1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
6. Application Data Sheet. See 37 CFR 1.76	17. Other:					
18. If a CONTINUING APPLICATION, check appropriate box, and supply	the requisite information below and in a preliminary amendment,					
or in an Application Data Sheet under 37 CFR 1.76:						
Continuation Divisional Continuation-in-part (CIP)	of prior application No.:/					
Prior application information: Examiner:  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the p	Group Art Unit:					
Box 5b, is considered a part of the disclosure of the accompanying continuati The incorporation can only be relied upon when a portion has been inadverten	on or divisional application and is hereby incorporated by reference.					
19. CORRESPONDEN						
Customer Number or Bar Code Label  27581  or  Correspondence address below  (Insert Customer No. or Attach bar code label here)						
Name						
Address						
City	tate Zip Code					
Country Teleph	none Fax					
Name (Print/Type) Daniel W. Latham	Registration No. (Attorney/Agent) 30401					
Signature Signature	Date 07/17/2003					

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FEE TRANSMITTA	\ I	Complete if Known						
FLE INANSMITT	<b>\</b> L	Application Number						
for FY 2003		Filing Date						
Effective 01/01/2003. Patent fees are subject to annual revisi		First Named Inventor Jahns et al		t al				
	)ii.	Examiner Name						
Applicant claims small entity status. See 37 CFR 1.27		Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 1854.00		Attorney Docket No. P-10598.00			<i></i>			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
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1005 160 2005 80 Provisional filing fee	: I	1 1,510				•	se proceeding	
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSU	Fi	3 1,300 1 1,300	2501		etition to revive		ilai	
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1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claim, if not pair	181	0 750	2810	•	7 CFR 1.129(a or each additio		to be	
1204 84 2204 42 ** Reissue independent claims				ex	amined (37 C	FR 1.129(b))		
over original patent  1205 18 2205 9 ** Reissue claims in excess of 20	180		2801 1802		lequest for Co Request for ex		mination (RCE)	
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**or number previously paid, if greater, For Reissues, see above						(Complete (if		
SUBMITTED BY  Name (Print/Type) Daniel W. Latham		Registra		30,40	1 1		763-391-9661	
		(Attorney	'Agent)	00,40	<del>`                                    </del>	Date	07-17-2003	
Signature					Date	07-17-2003		

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

### APPLICATION FOR UNITED STATES LETTERS PATENT

for

### **ELECTROSURGICAL HEMOSTAT**

by

Scott E. Jahns James R. Keogh Mark R. Bilitz Paul T. Rothstein David J.S. Kim David E. Francischelli Roderick E. Briscoe Jack Goodman Adam Podbelski

Alison Lutterman William G. O'Neill Tom P. Daigle Stephen Roddy

### ATTORNEY OF RECORD:

Daniel W. Latham, Reg. No. 30,401 MEDTRONIC, INC. 710 Medtronic Parkway Minneapolis, Minnesota 55432 Telephone: (763) 391-9661

Facsimile: (763) 391-9668

## CERTIFICATE OF "EXPRESS MAIL"

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I hereby certify that this paper or fee is being deposited with the United States Postal Service as "EXPRESS MAIL" POST OFFICE TO ADDRESSEE" service under 37 CFR 1.10 on the date indicated above and is addressed to MAIL STOP PATENT APPLICATION, Commissioner for Patents, PO BOX 1450, ALEXANDRIA, VA 22313-1450.

Barbara	J. Lakanen			
Printed Name	rbara f	Lake	iner	
Signature	7			